

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tender Loving Care G. Care Home LLC	CHAPTER 100.1
Address: 1730 Kilohi Street, Honolulu, Hawaii 96819	Inspection Date: February 9, 2021 Initial


THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 APR -5 P 4:06

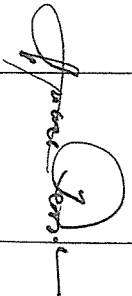
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Substitute care giver (SCG) #1 - No examination by a physician prior to first contact with residents.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p style="text-align: center;">PART 1</p> <p>I received SCG #1's medical report. It is however dated 3/20/20. This SCG has a doctors appointment on 4/7/21. An updated medical record will be placed in my SCG binder.</p>	<p style="text-align: right;">2-10-21 <i>Heaven</i></p> <p style="text-align: center;">STATE OF HAWAII DOM-ORCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P 4:06</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> All SCGs - No documentation of training by the primary care giver (PCG) to make prescribed medication available to residents.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p style="text-align: center;">PART 1</p> <p>I have implemented and now using the Primary Care Giver and Substitute Care Giver Training form. I have done this by gathering all of my SCG's one time and training each of them on how to properly administer medications to my residents.</p> <p style="text-align: right;"><i>Heaven Dorian</i></p>	<p style="text-align: center;">2-10-21</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P 4:06</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 - The level of care (LOC) was not determined and documented by the physician prior to admission on 1/14/21. The LOC was dated 1/19/21.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;">  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="transform: rotate(180deg);"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div> <div> 21 APR -5 P4:06 </div> </div> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 - The level of care (LOC) was not determined and documented by the physician prior to admission on 1/14/21. The LOC was dated 1/19/21.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>An admission checklist is created to ensure that all medical records and paper work is done with each resident PRIOR to admission in this care home. To prevent this from happening in the future, the level of care (LOC) will be completed by the resident's primary physician or APRN prior to admission.</p>	<p style="text-align: center;">2-10-21 <i>Francine</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P 4:06</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Medication cabinets were unlocked. Lantanoprost unsecured in the refrigerator.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The medication cabinet is always locked.</p> <p>Personal medications (Lantanoprost) will have a different secured lock box in the refrigerator than the resident's. has been secured in the refrigerator and is labeled with the resident's name.</p>	<p style="text-align: center;">2-09-21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING 21 APR -5 P4:06</p>

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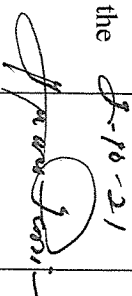
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STATE OF HAWAII

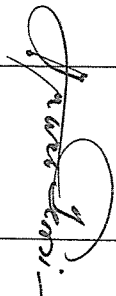
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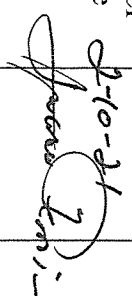
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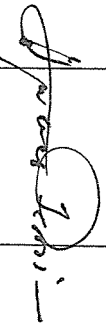
22:14 8-MAY 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review. Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 - No PCG assessment of the resident upon admission.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The assessment has been completed and is now in the resident's binder.</p> <p style="text-align: right;">  J-16-21 </p>	<p style="text-align: center;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </p> <p style="text-align: right;"> 21 APR -5 P4:06 </p>

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21 AUG 17 P 1:50

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; <u>FINDINGS</u> Resident #1 - No admission height and weight taken and recorded.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I have documented the resident's height and weight.</p>	<p style="text-align: center;">2-09-21</p> <p style="text-align: center;">APR -5 P4:06</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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MISSISSIPPI STATE
DEPARTMENT OF
HUMAN SERVICES

22:01W 615W 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; <u>FINDINGS</u> Resident #1 - No documentation that charges for services was explained to the resident's family. A range was noted.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The General Operational Policy and Admission Agreement has been completed.</p> <p style="text-align: center;">It was communicated to the resident and the resident's power of attorney.</p> <p style="text-align: center;">A signed and dated copy was provided to the power of attorney.</p>	<p style="text-align: center;">2-10-21</p> <p style="text-align: center;"><i>Grace Kim</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: center;">21 APR -5 P4:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)</p> <p>Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS</p> <p>Resident #1 - No documentation that charges for services was explained to the resident's family. A range was noted.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening in the future, the General Operational and Admission Agreement that will include the exact charges for services will be discussed and explained to the resident and the power of attorney.</p> <p>A signed and dated copy will be provided to the resident and or power of attorney.</p> <p>No range in charges for services will be noted.</p>	<p style="text-align: right;">2-10-21</p> <p style="text-align: right;">J. J. J.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P4:06</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 - No training by the registered nurse case manager regarding aspiration precautions. Resident's diagnosis includes dysphagia.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p style="text-align: center;">PART 1</p> <p>FUTURE PLAN:</p> <p>- To prevent this from recurring in the future, I have spoken and was trained by the RN Case Manager on aspiration precautions and dysphagia. The RN Case Manager has educated the care givers and have checked off their competency noted on their training check list. The topic of aspiration precaution and dysphagia has been added to their in service training. The RN Case Manager will also check off their competency and understanding.</p>	<p style="text-align: center;">6-7-21</p>

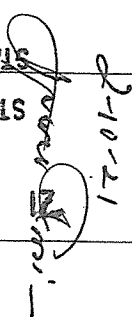
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 - No training by the registered nurse case manager regarding aspiration precautions. Resident's diagnosis includes dysphagia.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The RN case manager did not provide aspiration precaution training.</p> <ul style="list-style-type: none"> - Base on aspiration precaution guidelines and delegation checklist my substitute caregiver has been delegated by RN case manager and a check mark was indicated <p>Steps to follow to ensure that the training needs are identified</p> <ol style="list-style-type: none"> 1. I will ensure after an expanded ARCH resident is admitted the RN case manager has completed and following the patient's care plan 2. Basing on the guidelines provided by case manager RN 3. Return demonstration <p>Specific actions to prevent recurrence of deficiency</p> <ul style="list-style-type: none"> - If special care needs to be address (ex. specialized care needs, medications, treatments), I will immediately communicate this to my case manager RN - Document in the patient's progress note in a fashionably manner - Sending documents on time - Plan should be step by step 	<p style="text-align: right;">8/17/21</p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 17 P1:50</p>

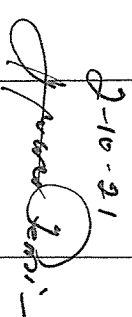
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 - No training by the registered nurse case manager regarding aspiration precautions. Resident's diagnosis includes dysphagia.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- I will look at patient diagnosis and review pt care plan. Then, I will communicate with RN care manager to provide training with me and see if special services noted in the care plan</p> <p>- I will ensure that the training is documented</p>	<p style="text-align: right;">08/19/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; FINDINGS Resident #1 - No documentation on a comprehensive assessment by the case manager prior to placement.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Prior to placement in this care home, a check list is created for (the PCG) of the things that needs to be done before residents are being admitted to this care home.</p> <p>Also, a check list for the RN case manager will be created that will include a comprehensive assessment form to ensure that this will be completed.</p>	<p style="text-align: right;">2-10-21</p> <p style="text-align: right;">  J. K. Smith STATE OF HAWAII DOH-CHCA STATE LICENSING APR -5 P4:07 </p>

RULES (CRITERIA)		PLAN OF CORRECTION		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services, (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS</p> <p>Resident #1 - The care plan did not address alternatives to weight measurement due to the resident's inability to stand on the scale.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have communicated this concern to my case manager and has given me ways to address alternative to weight do to my resident's inability to stand on the scale.</p> <p>The care plan has been revised to include weighing residents in her wheelchair. I have purchased a scale and made a wood board that will accommodate residents that are wheelchair bound.</p> <p>Steps to weigh residents on this scale with the wood board:</p> <ol style="list-style-type: none"> 1. The wood board and wheelchair will be weighed first 2. The wood board, wheelchair, and resident will be weighed 3. The difference will be the resident's weight. <p>For example:</p> <ol style="list-style-type: none"> 1. Wood board and wheelchair is 10 lbs (WITHOUT RESIDENT) 2. The wood board, wheelchair, and resident will be weighed 3. Wood board, wheelchair, and RESIDENT is 110 lbs. <p>110 LBS (wood board, wheelchair, AND RESIDENT) MINUS 10 lbs (wood board and wheelchair WITHOUT RESIDENT) = 100 lbs TRUE WEIGHT OF RESIDENT</p>		<p align="center">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p align="right">2-13-21 21 APR -5 P4:07 Janae Jani-</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; FINDINGS Resident #1 - The care plan did not address alternatives to weight measurement due to the resident's inability to stand on the scale.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Steps to ensure that the care plan is updated to address the needs of the resident</p> <p>- I have communicated this concern to my case manager and has given me ways to address alternative to weight do to my resident's inability to stand on the scale.</p> <p>The care plan has been revised to include weighing residents in their wheelchair. I have purchased a scale and made a wood board that will accommodate residents that are wheelchair bound.</p> <p>Steps to weigh residents on this scale with the wood board:</p> <ol style="list-style-type: none"> 1. The wood board and wheelchair will be weighed first 2. The wood board, wheelchair, and resident will be weighed 3. The difference will be the resident's weight. <p>For example:</p> <ol style="list-style-type: none"> 1. Wood board and wheelchair is 10 lbs (WITHOUT RESIDENT) 2. The wood board, wheelchair, and resident will be weighed 3. Wood board, wheelchair, and RESIDENT is 110 lbs. <p>110 LBS (wood board, wheelchair, AND RESIDENT) MINUS 10 lbs (wood board and wheelchair WITHOUT RESIDENT) = 100 lbs TRUE WEIGHT OF RESIDENT</p> <p>Prevent a recurrence of the deficiency</p> <p>- I will inform the RN case manager any time there is a level of care change. If so, the RN case manager will provide me a training so that I can provide the best quality care to the resident. The care plan will be updated with any changes.</p>	<p style="text-align: right;">8/17/21</p> <p style="text-align: right;"><i>[Signature]</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-90 Expanded ARCH resident's rights. (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; FINDINGS Resident #1 - No documentation that the resident's family was informed of the expanded ARCH resident's rights and responsibilities.	<p align="center"> <u>DID YOU CORRECT THE DEFICIENCY?</u> <u>PART 1</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY </p> <p align="center"> A copy of the resident's rights and responsibilities was provided and explained to the resident's power of attorney. </p>	<p align="center"> 2-10-21  STATE OF HAWAII DOH-CHCA STATE LICENSING 21 APR -5 P4:07 </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; FINDINGS Resident #1 - No documentation that the resident's family was informed of the expanded ARCH resident's rights and responsibilities	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Steps to ensure that the resident and resident's family are informed of the expanded ARCH resident's rights and responsibilities</p> <ul style="list-style-type: none"> - Having a meeting just before admission with family and patient to ensure they both understand their rights and responsibilities - Reading out loud and providing a copy of residents right and responsibility to the family member - Communicating <p>Specific actions to prevent a recurrence of the deficiency</p> <ul style="list-style-type: none"> - I will have a acknowledged signed and dated copy of the rights and responsibilities will be placed in the resident's binder and a copy given to the family - I will answer any concerns or questions that the resident of family may have regarding the rights and responsibilities 	<p style="text-align: right;">8/17/21</p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: center;">STATE OF HAWAII DOM-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-90 Expanded ARCH resident's rights. (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; <u>FINDINGS</u> Resident #1 - No documentation that the resident's family was informed of the expanded ARCH resident's rights and responsibilities	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- I will use the admission checklist to ensure the general operational policy for the expanded ARCH resident is completed at the time of admission</p> <p>- I will ensure it is correctly documented at time of admission</p>	08/19/2021

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Licensee's/Administrator's Signature:

Grace G. Ferrin

Print Name:

GRACE G. FERRIN

Date:

04/05/2021

Licensee's/Administrator's Signature:

Grace G. Ferrin

Print Name:

GRACE FERRIN

Date:

06-07-21

Licensee's/Administrator's Signature:

Grace G. Ferrin

Print Name:

GRACE G. FERRIN

Date:

August 17, 2021

Licensee's/Administrator's Signature:

Grace G. Ferrin

Print Name:

GRACE FERRIN

Date:

8-19-21